

Register using this form or register online with a credit card at
www.outdooralabama.com

Becoming An Outdoors Woman (BOW)

March 5-7, 2004

Registration Fee: \$175; Includes Meals, Lodging and BOW T-shirt

Name _____ Work Phone () _____ Home Phone () _____

Address _____

City _____ State _____ Zip _____

Email _____ T-shirt size (circle one) S M L XL 2X

First-time Participant? (circle one) Yes No

**All courses are filled on a first-come, first-served basis,
with preference given to first-time participants until January 15, 2004.**

CONCURRENT SESSIONS

Rank your 1st, 2nd, 3rd, 4th and 5th choice for EACH session.

SESSION 1 - Friday p.m.	SESSION 2 - Saturday a.m.	SESSION 3 - Saturday p.m.	SESSION 4 - Sunday a.m.
<input type="checkbox"/> AL Boating Safety Cert.	<input type="checkbox"/> Archery	<input type="checkbox"/> Archery	<input type="checkbox"/> ATV Handling
<input type="checkbox"/> Archery	<input type="checkbox"/> Bass Fishing	<input type="checkbox"/> ATV Handling	<input type="checkbox"/> Backyard Wildlife
<input type="checkbox"/> Camping & Backpacking	<input type="checkbox"/> Beyond Band-Aids	<input type="checkbox"/> Camp Cooking	<input type="checkbox"/> Basic Outdoor
<input type="checkbox"/> Canoeing I	<input type="checkbox"/> Bird Watching	<input type="checkbox"/> Canoeing I	<input type="checkbox"/> Photography
<input type="checkbox"/> From Field to Table	<input type="checkbox"/> Canoeing I	<input type="checkbox"/> Falconry	<input type="checkbox"/> Canoeing II
<input type="checkbox"/> Frontier Skills	<input type="checkbox"/> Creative Crafts	<input type="checkbox"/> Fly Fishing	<input type="checkbox"/> Fishing
<input type="checkbox"/> Introduction to Fishing	<input type="checkbox"/> Dutch Oven Cooking	<input type="checkbox"/> Get Your Bearings	<input type="checkbox"/> Hunter Education Cert.
<input type="checkbox"/> Pistol I	<input type="checkbox"/> Falconry	<input type="checkbox"/> Motor Boat Handling	<input type="checkbox"/> Mountain Biking
<input type="checkbox"/> Reading the Woods	<input type="checkbox"/> Frontier Skills	<input type="checkbox"/> Outdoor Memories	<input type="checkbox"/> Nature Crafts
<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Get Your Bearings	<input type="checkbox"/> Pioneer Village Tour	<input type="checkbox"/> Pistol II
<input type="checkbox"/> Sticks to Staffs	<input type="checkbox"/> Motor Boat Handling	<input type="checkbox"/> Pistol I	<input type="checkbox"/> Reading the Woods
<input type="checkbox"/> Talkin' Turkey	<input type="checkbox"/> Riflery	<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Rock Climbing
<input type="checkbox"/> Wildflower Walk	<input type="checkbox"/> Shotgun I	<input type="checkbox"/> Shotgun II	<input type="checkbox"/> Talkin' Turkey
	<input type="checkbox"/> Sticks to Staffs		
	<input type="checkbox"/> Wooly Buggers & Friends		

Lodging is dormitory style and is based on four ladies per room. Use the space below to request up to three roommates:

(1) _____ (2) _____ (3) _____

Registration Checklist:

- Both pages of registration form completed and signed
- Top 5 choices are clearly marked for Sessions 1, 2, 3, and 4
- \$175 check made payable to "Alabama 4-H Center" enclosed
- Mail check and registration form to:

**Information & Education Section
Alabama Dept. of Conservation
64 N. Union St. Suite 449
Montgomery, AL 36130**

SIGNATURE REQUIRED

(participant signature)

By signing above, I recognize the event involves risk and I take responsibility for action or injury that may result by participating. I agree to the following workshop policies.

Cancellation at least 14 days prior to the workshop entitles me to a full refund. After that date, a partial refund equal to half the registration fee will be returned. Written confirmation will be sent after receipt of my registration and payment. The AL Dept. of Conservation & Natural Resources may use photographs taken at the event for promotional purposes.

Medical Information

1. Emergency, contact: _____

Weekend Phone () _____

Relationship: _____

2. List all prescription and non-prescription medicines currently being taken _____

3. List any allergies (food, medicines, insects, etc.) _____

4. Medical History: (Check any of the following conditions you currently have or ever had.):

_____ Asthma _____ Heart Problems

_____ Stroke _____ Migraines

_____ Back Surgery _____ Chronic Back Problems

_____ Diabetes - If so, are you insulin dependent?
Yes _____ No _____

5. Do you wear contact lenses or glasses? Yes _____ No _____

6. Have you had a tetanus immunization within the past two years? Yes _____ No _____

7. Describe any physical condition that will require special assistance during the workshop. _____

For Office Use Only

I.D. _____

Date Rec. _____

BOW Sponsors

Alpen Outdoor
Bass Pro Shops
Bradley Smokers
Buck Knives
Buchmann Tire and Sporting Goods
Buckmasters
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Crosman Corporation
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Hodgdon Powder Co.
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